SCHEDULE

1. Employee Name:				2. SSN:		3. Year:	4. Pay Period: _____ from: to:						6. Balances Brought Forward *(optional):* Annual _____ Sick _____ Credit _____ Comp _____			
6. Scheduled Hours ½ hour lunch	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	7. Certification: Approved _____ Date _____	Wk 1	Wk 2

TIME IN PAY STATUS

8. Accounting Data - Description	9. Time in Pay Status [Hours] Including Paid Absences														10. Transaction			11. Total Hrs	
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Prefix	Code	Suffix	Wk 1	Wk 2
REGULAR TIME																01			
ANNUAL LEAVE																61			
SICK LEAVE																62			
COMP LV USED																64			
CREDIT LV USED																50			
ADMIN LEAVE																66			
Total Time with Pay																			

OTHER TIME

12. Other Time (Hours)																			
CREDIT TIME EARN																29			
COMP TIME EARN																32			
LWOP																71			

REMARKS: I request comp time in lieu of overtime:

Employee
initials   _____   Supervisor initials _____   ARS-331 (11/94)

                                                                                                          (Local Reproduction)